



Vanderbilt Presbyterian Childcare & Learning Center

1225 Piper Boulevard • Naples, Florida 34110-1252 • Tel. 239.597.5410 • Direct Line 239.594.9557 • Fax 239.597.1720

January 11, 2010

Dear Parents:

We are very excited to have your child/children enrolled for the 2010-2011 school year. Everyone is looking forward to an exciting school year. Our enrollment packet will advise you of important dates and information you may need, but if there are any questions, joys or concerns, please feel free to call me at 594-9557 (school) or 293-3607 (mobile) or via email at jelmer@vpcnaples.org.

Required Forms:

Some forms in this packet are for you to keep and others are for you to return to school. I have provided you with a checklist of the forms that you must return to minimize the confusion. You will need to provide us with a blue immunization form and a gold physical form both of which may be obtained from your child's Florida pediatrician or from the Collier County Health Department. **These must be returned to The Learning Center with your tuition payment by June 15, 2010.** You may mail your forms to the school at 1225 Piper Blvd, Naples FL, 34110, or drop them off in the church office. Your child will not be able to start school until we have received all the appropriate forms.

Tuition:

Tuition is paid each month from August through April. School days in June will be factored into the 10 monthly payments. The first month's tuition is due on or before June 15th. Thereafter, tuition is due on the first of each month beginning with August. Please make your check payable to Vanderbilt Presbyterian Childcare and Learning Center please enter your child's name on the memo line. If you are mailing your tuition, please put to the attention of the preschool in the address field. If you bring the tuition to school, please place it in the drop box located outside the Director's office.

Open House:

Open house will be held on August 20th 4-6pm. Please feel free to come meet your child's teacher during this time. You will also receive your key card for entrance and any information from the teacher.

Jackie Elmer

Director



State of Florida
Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth: Sex:

Date of Enrollment:

Full Name: Last First Middle Nickname

Child's Physical Address:

Primary Hours of Care: From To

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information:

Child Lives With:

Mother's Name:

Father's Name:

Address:

Address:

Home Phone:

Home Phone:

Employer:

Employer:

Address:

Address:

Work Phone: /Cell:

Work Phone: /Cell:

Custody: Mother Father Both Other

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: Address: Phone:

Doctor: Address: Phone:

Dentist: Address: Phone:

Hospital Preference:

Please list allergies, special medical or dietary needs, or other areas of concern:

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Helpful Information About Child:

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY."

Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

CHILD CARE APPLICATION FOR ENROLLMENT

Form 1 a.

STUDENT INFORMATION:

Date of Birth: _____ Sex: _____

Date of Enrollment _____

Full Name: _____
Last First Middle Nickname

Child's Address _____

Child lives with _____

FAMILY INFORMATION

Parent's names _____ Address _____

Home Phone _____ Cell Phone _____

Primary Email Address _____

A non-refundable \$200 Registration Fee is required per student, which covers materials, and insurance cost.

10 Month Enrollment: Students enrolled under the 10-month contract will follow the Collier County Public School calendar throughout the 2010/2011 school year. The first and last day of school will follow Collier County Public Schools start and end dates. The Monday after Easter Sunday VPCLC is closed.

5 DAY 4 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUICTION RATE OF \$400.00 per month

5 DAY 3 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUICTION RATE OF \$400.00 per month

3 DAY 3 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUICTION RATE OF \$300.00 per month

2 DAY 3 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUICTION RATE OF \$200.00 per month

5 DAY 2 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUICTION RATE OF \$485.00 per month

3 DAY 2 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUICTION RATE OF \$335.00 per month

2 DAY 2 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUICTION RATE OF \$230.00 per month

10 Month **Extended Day Program:** HOURS 7:30 am until 8:30 am and 12:30 pm until 5:00 pm. THE EDP TUICTION RATE WILL BE ADDED TO YOUR RATE AS FOLLOWS: **2 day rate** =\$70.00. **3 day rate** =\$110.00. **5 day rate** =\$150.00

I agree to enroll my child in Vanderbilt Presbyterian Childcare and Learning Center beginning August of 2010 through June 9, 2011. I agree to pay \$_____ **on June 15, 2010** and each month on the first of the month through April 1, regardless of any absence due to illness, holidays or vacation. I understand that a late tuition check received after the 10th of the month will result in a late fee.

I have read and fully understand the terms of this contract. If I remove my child from attending VPCLC prior to June 2011, I understand that I remain liable for the monthly tuition until such time as the vacancy created by my action is filled.

Parent Signature _____ Date _____



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Child Day Care Licensing Alternate Nutrition Plan Agreement

#4

Name of Facility: _____

Name of Child: _____

Indicate special Dietary Requirements: _____

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and /or snacks to meet my child's nutritional and dietary needs:

Please initial below.

Breakfast ___P___ A.M. Snack ___P___ Noon Meal ___P___
P.M. Snack ___P___ Dinner ___P___ Evening Snack ___NA___ Formula ___NA___

Signature of Parent/Guardian _____

Date _____

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

Signature of Owner/Operator _____ Date _____

Vanderbilt Presbyterian Childcare and Learning Center Discipline Policy

The purpose of all discipline at Vanderbilt Presbyterian Childcare and Learning Center is to help each child become increasingly self-managing and responsible. Our approach is positive, based on encouragement for appropriate behavior and aimed at helping children develop inner control of their actions. We rely on techniques for diverting attention to constructive pursuits, helping children learn to compromise and arbitrate differences, extending understanding of the reasons for rules and making choices from acceptable alternatives. Short separations from the setting of the problem will sometimes help the child regain his/her self control (never more than one minute for their age) Parents will be informed if a problem persists. This may require cooperation from home. Dangerous situations will not be tolerated. Parents will be asked to withdraw their child from the preschool if they are not willing to assist in alleviating dangerous situations and seek professional interventions when appropriate.

Physical punishment is NEVER used.

I have read and understand the above policy.

Signature of Parent/Guardian _____ Date _____



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Vanderbilt Presbyterian Childcare and Learning Center #5 Information and Annual Permission Form

Vanderbilt Childcare and Learning Center
1225 Piper Blvd, Naples, Florida, 34110

Valid from August 1, 2010 to July 31, 2011

Child Information:

Child full/legal name: _____

Preferred name (if different): _____

Gender: Male ___ Female ___ DOB: _____

Home/Mailing address: _____

Child lives with: Both parents ___ Mother ___ Father ___ Other _____

Family Information:

Mother's Name: _____ Father's Name: _____

M – e-mail: _____ F – e-mail: _____

M – cell phone: _____ F – cell phone: _____

M – work phone: _____ F – work phone: _____

Primary family/home phone: _____

Emergency Contact Information:

In the event a parent cannot be reached at any of the numbers above, please provide two or more emergency

contacts. List name, relationship and phone number, and driver license.

1. _____

2. _____

3. _____

4. _____



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RELEASE FOR EMERGENCY CARE

#6

AUTHORIZATION FOR EMERGENCY TREATMENT

To Whom It May Concern:

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child, _____ in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it. Permission for the Director, Acting Director, or the teacher to take whatever steps may be necessary for medical care of an emergency is hereby given. I understand that the order of actions taken will follow the outline below unless there is a need for immediate action, but will not be limited to these actions:

1. Parent or guardian will be called.
2. Contact person will be called from Parents list.
3. Child's physician will be called
4. If non of these efforts are successful:
 - A. Another physician will be called
 - B. An Ambulance will be called
 - C. The child will be taken to the emergency room of NCH/closest hospital accompanied by a staff member.

5. In order for the school to assume responsibility for my child, I understand that I must sign the child in at arrival time and out at departure time.

Family Physician's Name: _____

Phone Number: _____

Allergies: _____

Insurance company covering child: _____

Policy Number: _____

Expiration Date: _____

Signature of Parent / Guardian _____

Printed name of Parent /Guardian _____

Signed: _____ Parent/ Guardian

Date: _____

State of _____

County of _____

On the _____ day of _____, 20____, before me came _____

To me know to be the individual described in and who executed the forgoing instrument and acknowledged that he executed the same. Type of identification _____

Notary Public

Print Name



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Vanderbilt Presbyterian Childcare and Learning Center.

#7

Child Health and Development Questionnaire

STUDENT'S NAME _____ SEX _____

AGE _____ BIRTH DATE ____/____/____ WEIGHT _____

PARENT INFORMATION:

NAME _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

Questionnaire:

1. Describe your child's appetite _____
2. Does your child dislike any foods? ___ If so, what? _____
3. What does your child usually eat for breakfast before arriving at the Preschool? _____
4. How easily does your child fall asleep? _____
5. What is the usual bedtime? _____ Wake up time? _____
6. What is the usual naptime? _____ Wake up time? _____
7. Is your child completely toilet trained? ___ Yes ___ No
8. Does your child remain dry all night? ___ Yes ___ No
9. Are other adults (not family) able to understand the child's speech? _____
10. Does your child have a regular playmate? ___ Same age ___ Older ___ Younger
11. What is your child's favorite toy or activity at home? _____
12. Does your child have temper tantrums? _____ How often? _____
13. Does your child bite his/her nails? ___ Yes ___ No Twist his/her hair? ___ Yes ___ No
14. If you could describe your child in one word, what would it be? _____
15. Please list your child's strong points, such as happy, curious, loving, etc. _____
16. Is there anything else, medical or otherwise that we need to know about your child? _____

17. Would like more information on Vanderbilt Presbyterian Church? ___ Yes ___ No.

18. Is this your child's first preschool experience? ___ Yes ___ No

Parent Signature: _____ Date: _____



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#8

I have received, read and understand the Florida Dept. of Children and Families brochure entitled "Know Your Child Care Center". Initial _____.

I have read and understand the Parent Handbook. Initial _____.

I hereby consent to having my child photographed, recorded on audiotape, or videotaped by the Vanderbilt Presbyterian Childcare and Learning Center for the sole purpose of pre-school activities or business. The end product WILL NOT be made for public information and will only be used by the Learning Center Staff, students and families. Initial _____.

I have read and understand the Influenza Virus Brochure. Initial_____.

Child's Name_____

Signature of Parent/Guardian_____

Date: _____.

Vanderbilt Presbyterian Childcare and Learning Center

1225 Piper Blvd.
Naples, Florida 34110
239-594-9557

Revised January 26th, 2010

Enrollment Contract

School Calendar: TEN MONTH CONTRACT

Students enrolled under the **TEN MONTH** contract will follow the Collier County Public School calendar throughout school year. **The first day of school is August 23, 2010 and the last day of school will June 9, 2011.**

Pre-School Day

The Learning Center opens at 7:30am for those parents that need early drop off on the days their child is in the afternoon care program. **Earlier drop off is available with permission from the Director.** You do need to sign up to drop off early as there is only space for **16** children. All other children may arrive after 8:30 am and go directly to their classroom. Pre-school classroom hours are from 8:30am-12:30pm This is the academic portion of the day involving curriculum taught by certified teachers. Students will be in their classrooms, in classes of 8-10, participating in educational activities designed to prepare them for Kindergarten. These activities enhance pre-reading skills, fine and gross motor development, cognitive thinking skills, and socialization. Students also participate in all school activities planned for the day, including music class, chapel, or visits from guest speakers. A portion of the morning pre-school class is devoted to outside play on the playground. **Lunch is from 11:50am-12:15pm.** Parents should send a prepared snack and lunch that does not require heating or refrigeration. Students will have lunch in their classrooms with their teacher. The normal pre-school day will end at 12:30pm after lunch. **Students must be picked up by 12:45pm. After 12:45 a late fee will be charged.**

Extended Care Program 10 Month contract:

The **Extended Care Program** is designed to serve working families by providing quality childcare that keeps children actively learning during the day. Highly trained Childcare Professionals are responsible for keeping students involved in activities that promote educational development and health. These activities may include art projects, indoor and outdoor games, or story telling. It is all designed to nurture and develop students overall well-being. Due to classroom and staffing limitations, space for this program is limited to a specified number of students. Applicants will be accepted on a first come-first serve basis. **Parents participating in this program will be required to enter into a contractual agreement for the entire school year.** Parents can place their child's name on a waiting list for this program and spaces will be filled as they become available. Students attending this program will have a rest time from 1:00 pm to 2:00 pm daily. They will not be required to sleep, but will be required to stay quiet and restful on a cot. Afternoon snack provided by the parent is served at 2:15pm. A daily planned activity or project will take place as well as outside play. The last hour of the day is spent free playing inside. **Parents are welcome to pick their children up anytime between 2:30pm and 5:00pm.** **The monthly fee schedule is: 5 days= \$150.00, 3 days= \$110.00, 2 days= \$70.00 and is in addition to your monthly tuition rate.**

Holidays and Vacations:

Students enrolled under the **TEN MONTH** contract are eligible to attend school on any normal school day as determined by the Collier County School calendar. These students are **not be eligible to attend during listed**

holidays, and extended break periods when Collier County schools are closed (i.e. Winter Break, Spring Break, In-service Days, Martin Luther King Jr. Day, Labor Day, Hurricane Days, etc)

Tuition Schedule:

Parents enrolled under the **TEN MONTH** contract are responsible for paying tuition for **TEN FULL MONTHS** of the school year. **August tuition is due on June 15th to hold your child's place.** Tuition then continues to be due on the first of each month beginning with August and ending on April 1st. Parents are required to pay the full amount of tuition every month, regardless of absences due to illness, vacation or change in schedule. Tuition is considered late if received after the 10th of the month, resulting in a \$10.00 late fee.

***TUITION PRICES ARE AS FOLLOWS:**

PRE-SCHOOL FOR 4 YEAR OLDS 10 MONTH CONTRACT

<u>Days per Week</u>	<u>Hours per Day</u>	<u>Tuition Amount</u>
Five Days (M-F)	8:30am-12:30pm	\$400.00 per month

PRE-SCHOOL FOR 3 YEAR OLDS 10 MONTH CONTRACT:

<u>Days per Week</u>	<u>Hours per Day</u>	<u>Tuition Amount</u>
Five days (M-F)	8:30am-12:30pm	\$400.00per month
Three days (M-W-F)	8:30am-12:30pm	\$300.00 per month
Two days (T-TH)	8:30am-12:30pm	\$200.00 per month

PRE-SCHOOL FOR THE 2 YEAR OLDS 10 MONTH CONTRACT:

Five days (M-F)	8:30am-12:30pm	\$485.00 per month
Three days (M-W-F)	8:30am-12:30pm	\$335.00 per month
Two days (T-TH)	8:30am-12:30pm	\$230.00 per month

Enrichment- Extended Care 10 month contract program for children 2-5 years.

12:30-5:00 pm

- Two afternoons (T-Thu) \$70.00 per month
- Three afternoons (M-W-F) \$110.00 per month
- Five afternoons (M-F) \$150.00 per month

***TUITION IS BASED ON STUDENT CONTACT DAY NOT CALENDAR DAYS**

10 MONTH TUITION: Please check all that apply.

- (M-F) Five day Pre-school day from 8:30am-12:30 pm for \$400.00 per month, 10 equal pays.
- (M-F) Five day Two year old program from 8:30am-12:30pm for \$485.00per month, 10 equal pays.
- (MWF) Three year old Pre-school day from 8:30am-12:30 pm for \$300.00 per month, 10 equal pays.
- (MWF) Two year old program 8:30am-12:30pm for \$335.00 per month, 10 equal pays.
- (T,TH) Three year old Pre-school day from 8:30am-12:30 pm for \$200.00 per month,10 equal pays.
- (T, TH) Two year old program from 8:30am-12:30pm for \$230.00 per month, 10 equal pays.

Extended Care Program (Circle all that apply)

7:30 am – 8:30 pm and 12:30 - 5:00 pm

5 day= \$150 per month

3 day= \$110 per month

2 day= \$70.00 per month

I agree to pay \$_____ on the first day of each month, regardless of any absences due to illness, holidays or vacation. I understand that a tuition check received after the tenth of the month will be considered late and will result in a late fee charged to my account.

I have read and fully understand the terms of this contract. If I remove my child from attending Vanderbilt

Presbyterian Childcare and Learning Center prior to the dates listed above, I understand that I remain liable for the monthly tuition until such time as the vacancy created by my action is filled.

I have read all the terms and conditions and agree to enroll my child in Vanderbilt Presbyterian Childcare and Learning Centers **TEN MONTH ENROLLMENT CONTRACT** beginning the month of August through and including the month of June, 2011. My child will attend on all regularly scheduled school days **according to the Collier County Public School Calendar**, excluding all listed non-school days.

Drop in fee for the afternoon is \$25.00 per day. Please check with the Director to check if there is availability.

Parent Signature

Date



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Vanderbilt Presbyterian Childcare and Learning Center

#10

Student Directory Listing

Please fill out legibly all information as you would like it to appear in the student directory that is given to all students at the beginning of the school year. If you would not like your information included in the directory, please check the appropriate box, and sign and return this form with your enrollment packet. Please make sure to sign your name in the appropriate space at the bottom. This directory is for social communication only. Not intended for Business use. Please Initial here _____.

Thank you for your cooperation.

Student's name _____

Mother's name _____

Mother's address _____

Mother's home phone _____ Cell Phone # _____

Mother's email _____

Father's name _____

Father's address _____

Father's home phone _____ Cell Phone # _____

Father's email _____

_____ Please include my information in the student directory.

_____ I do not wish for my information to be included in the directory.

Mother's signature _____ Date _____

_____ Please include my information in the student directory.

_____ I do not wish for my information to be included in the directory.

Father's signature _____ Date _____



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Parent Volunteer Form

#10A

Dear Parents,

Over the course of the school year there are many special events that enrich your child's school experience. Many of these events require parental participation to ensure that they run smoothly. We need your help. We would like you to take a moment to complete the following time and talent survey so that we will know which events you would most like to help with during the year. None of them requires a big time commitment. In addition, if you have any special talents (e.g., balloon animals, juggling, musical instrument, drawing, foreign language, being a fireman) or have something special that you would like to share through demonstration with the kids (e.g., a pet, piece of machinery, craft project) during an hour or two during the year, please let us know.

Your name _____
Your child's name _____
Your telephone number _____
Your email address _____

Which of the following would you be most interested in assisting with? Please check all that apply.

Serving on the preschool committee (one hour each month) _____
Acting as a substitute teacher or aide _____
Storytelling or reading to the children _____
Room parent _____
Teacher Appreciation Week (in early May) _____
Helping with Dr. Seuss Week (first week in March) _____
Other _____

Do you have any special talents or things that you would like to share with the kids or do you know someone with special talents who might be interested in sharing them with our kids? If so, what would you like to share? Please list below.

Affidavit of Volunteers



Affidavit of Volunteers

Under penalty of perjury, I attest my name is _____

and I serve as a volunteer in the child care facility known as _____

As a volunteer, I do not receive any form of payment or remuneration such as money, free or reduced child care, or any other type of compensation for my time.

I also understand that as a volunteer, I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 40 hours or more per month, or receive some form of compensation, I understand that I must submit background screening information in accordance with section 402.3055, Florida Statutes, and complete the state mandated training requirements.

Under penalty of perjury, I declare that I have read the foregoing, and the facts alleged are true and correct.

Affiant Signature
Date

Form of identification presented _____

Sworn to and Subscribed before me this _____ day of _____, 20 _____

Notary Signature _____

Commission Expires _____

Checklist of Forms

Enrollment Packet Letter

School Calendar (Please keep at home.)

D.C.F. Application for Enrollment #1_____

V.P.C.L.C. Enrollment Form #1A_____

Current Vaccination Form- Blue Form #2_____

Current Physical Form- Yellow Form #3_____

Policy for Discipline Form #4_____

Child Care Nutrition Plan #4_____

Information/Annual/Emergency Contact Form #5_____

Authorization for Emergency Treatment-Notarized#6_____

Health and Development Questionnaire #7_____

I have read and understand The Parent Handbook #8_____

Fl. Dept of Children and Families Brochure #8_____

Photo/Video Media Release #8_____

VPCLC Enrollment Contract #9_____

Student Directory Listing #10_____

Parent Volunteer Form #10A _____

Affidavit of Volunteers Form #10B_____



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School Calendar 2010-2011 dates TBA per Collier County Public Schools Calendar for the new school year.

August 20th, 4:00-6:00 pm Open House

August 23rd, First Day of School

September 6th, No School (Labor Day)

October 1, No School (Teachers travel to Convention)

October 25th, No School (Teacher Planning Day)

November 11th, No School (Hurricane make up #1)

November 12th, No School (Hurricane make up #2)

November 24-26th, No School (Thanksgiving Holiday)

December 20-31, No School (Christmas Holiday)

January 3rd, No School (Christmas Holiday)

Classes Resume January 4th, 2011

January 17th, No School (MLK Holiday)

January 18th, No School (Teacher Planning Day)

February 21st, No School (President's Day)

March 21-25, No School (Spring Break)

March 28th, No School (Teacher Planning Day)

April 22nd, No School (Good Friday/Passover)

April 25th, No School (VPC CLOSED)

May 30th, No School (Memorial Day)

June 9th, Last Day of School

June 10th No School (VPCLC Teacher Work Day)

Please note any changes made by Collier County Public Schools will be followed.